U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| | For Official Use Only | |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 2. Fiscal Year Covered From: | | |
|---|--|--|
| 1 / 1 / 2004 Through: 12 / 31 / 2004 | | |
| Name, file number, and address of labor organization. | | |
| Name BOSTON PLASTERERS' & CEMENT MASONS' LOCAL 534 | | |
| Labor Organization File Number 018-761 | | |
| P.O. Box, Building and Room Number, if any | | |
| Street 7 FREDERIKA STREET | | |
| City BOSTON | | |
| State Massachusetts ZIP Code + 4 02124 | | |
| | | |
| | | |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | |
|--|--|--|--|
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name N/A | N/A | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | 7.b. Amount. | | |
| City | | | |
| State ZIP Code + 4 | | | |

Signature

| 15. Signature and verification. The undersigned declares unde | r penalty of Perium and other applicable assetting of the state of the |
|--|--|
| submitted in this report (including the information | penalty of Perjury and other applicable penalties of the law, that all of the information |
| The report (including the infollation Contained in Silv | ACCOMPANING GOOLIMONTO, has been examined by the element of the contract of th |
| undersigned's knowledge and helief true correct and complete | Coat the signatory and is, to the best of the |
| undersigned's knowledge and belief, true, correct, and complete. | (See the section on penalties in the instructions.) |

| Signed Harry C Brown iles | On $8 - 9 - 1005 67$ |
|---------------------------|----------------------|
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Name of Person Filing HARRY BROUSAIDES File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name BP & CM LOCAL 534 LABOR MANAGEMENT COOP FUND X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City 7 FREDERIKA STREET State Massachusetts ZIP Code + 4 02124 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. TRUST RECEIVES CONTRIBUTIIONS FROM EMPLOYERS UNDER Name N/A THE COLLECTIVE BARGAINING CONTRACTS BETWEEN THE UNION AND EMPLOYERS. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$557,998 City 12.a. Nature of interest held or income received. REIMBURSED HOTEL, AIRFARE, SALARY AND MEALS FOR State ZIP Code + 4 TRUSTEE APPROVED EDUCATIONAL SEMINARS. VARIOUS TRUSTEE APPROVED CHARITY, HOLIDAY OR LABOR MANAGEMENT EVENTS.

| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | 14.a. Nature of payment. N/A | |
|---|-----------------|-------------------------------|--|
| Name N/A | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State | ZIP Code + 4 | | |
| 13.b. Is the Business an Employer | or Consultant ? | 14.b. Amount of payment. | |

SEE ATTACHED DETAIL.

12.b. Amount.

\$9,354

Name of Person Filing HARRY BROUSAIDES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of puying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name BP & CM LOCAL 534 APPRENTICESHIP & TRAINING x a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Street 7 FREDERIKA STREET c. Employer City BOSTON State Massachusetts ZIP Code + 4 .02124 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. TRUST RECEIVES CONTRIBUTIONS FROM EMPLOYERS UNDER Name N/A THE COLLECTIVE BARGAINING CONTRACT BETWEEN THE UNION AND EMPLOYERS. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$215,746 12.a. Nature of interest held or income received. REIMBURSED HOTEL, AIRFARE AND MEALS FOR TRUSTEE APPROVED EDUCATIONAL SEMINARS. SEE ATTACHED DETAIL. 12.b. Amount. \$722

Name of Person Filing HARRY BROUSAIDES

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BP&CM LOC. 534PENSION, HEALTH&WELFARE, ANNUITY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7 FREDERIKA STREET

City BOSTON

State Massachusetts

ZIP Code + 4 02124

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

💢 a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

TRUST RECEIVES CONTRIBUTIONS FROM EMPLOYERS UNDER THE COLLECTIVE BARGAINING CONTRACT BETWEEN THE UNION AND EMPLOYERS.

11.b. Approximate dollar value of such dealing.

\$7,751,072

12.a. Nature of interest held or income received.

SALARY - ADMINISTRATOR; BENEFITS - ADMINISTRATOR; REIMBURSED HOTEL, AIRFARE & MEALS FOR TRUSTEE APPROVED EDUCATIONAL SEMINARS.

SEE ATTACHED DETAIL.

12.b. Amount.

\$141,665

| | Harry Brousaides - Attachment to LM-30 - 2004 | | |
|----------|--|-------|----------------|
| Feb-2004 | World of Concrete Conference- Orlando, FL | 125 | |
| Feb-2004 | World of Concrete - Orlando, FL | 1,675 | |
| Feb-2004 | Dinner - World of Concrete - Orlando, FL | 95 | |
| Feb-2004 | Salary - World of Concrete - Orlando | 1,510 | |
| Feb-2004 | Benefits - World of Concrete - Orlando | 957 | |
| Feb-2004 | Meeting | 34 | |
| Apr-2004 | Salary - Walls & Ceilings Conference Las Vegas | 1,888 | |
| Apr-2004 | | 954 | |
| Apr-2004 | Airfare - AWCI - Las Vegas | 350 | |
| Apr-2004 | Reimb. Expenses - AWCI - Las Vegas | 103 | |
| Apr-2004 | Dinner - Walls & Ceilings Las Vegas | 311 | |
| Apr-2004 | Dinner - AWCI - Las Vegas | 100 | |
| Apr-2004 | Dinner - AWCI - Las Vegas | 116 | |
| Jun-2004 | Contractors Night - Social Event | 344 | |
| Jul-2004 | NSARC Charity Golf - Beverly, MA | 175 | |
| Sep-2004 | Contractors Night - Social Event | 344 | |
| Oct-2004 | Meeting | 35 | |
| Nov-2004 | Cushing Gavin Awards - Boston | 100 | |
| Nov-2004 | Dinner - IFEBP Conference New Orleans | 89 | |
| Dec-2004 | Xmas Dinner - LM Construction Safety | 48 | |
| | TOTAL FOR LABOR MANAGEMENT | | TO PAGE 2 OF 4 |

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| Harry Brousaides - Attachment to LM-30 - 2004 | | |
|---|-----|----------------|
| Nov-2004 Airfare - IFEBP Conference - New Orleans | 57 | |
| Nov-2004 Registration - IFEBP - New Orleans | 316 | |
| Nov-2004 Hotel - IFEBP - New Orleans | 349 | |
| TOTAL FOR APPRENTICESHIP & TRAINING | 722 | TO PAGE 3 OF 4 |

Harry Brousaides - Attachment to LM-30 - 2004

TOTAL FOR HW, PENSION AND ANNUITY FUNDS

| Harry Brousaides Salary - Administrator Benefits - Administrator Nov-2004 Registration - IFEBP Conference- New Orleans Nov-2004 Airfare - IFEBP - New Orleans Nov-2004 Hotel - IFEBP - New Orleans TOTAL FOR HEALTH AND WELFARE FUND | 30,265 16,234 316 57 349 | 47,222 |
|--|--------------------------------------|--------|
| Harry Brousaides Salary - Administrator Benefits - Administrator Nov-2004 Airfare - IFEBP Conference- New Orleans Nov-2004 Registration - IFEBP Conference- New Orleans Nov-2004 Hotel - IFEBP - New Orleans TOTAL FOR PENSION FUND | 30,265 16,234 57 316 349 | 47,222 |
| Harry Brousaides Salary - Administrator Benefits - Administrator Nov-2004 Airfare - IFEBP Conference- New Orleans Nov-2004 Registration - IFEBP Conference- New Orleans Hotel - IFEBP - New Orleans TOTAL DEFERRED ANNUITY FUND | 30,265 16,234 57 316 349 | 47,222 |

141,665 **TO PAGE 4 OF 4**

DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended LM-30.

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Date